### FORM COR-C/OH

## **CORRECTION AFFIDAVIT** FOR CANDIDATE/OFFICEHOLDER

7479

_				
1	ACCOUNT#		2 Total pages filed:	OFFICE USE ONLY
3	CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST RON NICKNAME LAST DAVIS	MI	Date Received
4	ORIGINAL REPORT TYPE	January 15  July 15  30th day before election  8th day before election	Runoff Other (specify)  Exceeded \$500 limit  15th day after treasurer appointment (officeholder only)  Final report  Month Day Year	Date Hand-delivered or Date Postmarked  Receipt # Amount  Legal Totals  Date Processed
5	PERIOD COVERED	Молth Day Year 01 2010 т		Date Imaged
7	2. Sprint \$50 reba 3. Stanley-Garriso Festival purpose Political donatic June wireless In Charges for the (PODER). Post Internet advertis 4. Also, the new conscious schedule F.	e was changed to Political donation for for Juneteenth Celebration. Sprint sternet for campaign laptop. Threadg facility and catered food for political master to United States Post Office; sement for political fund-raiser. Charategories were added to all expendituation.		op purposes (6 places) were changed to February, March, April and May and urant and the purpose was changed to Defense of Earth and Her resources in to Soulciti.com & purpose changed to ged in the financial report.  Were implemented to other expenditures in
			report is true and correct.  Check ONLY if applicable:	
	MY COM	TAS B. CHAVEZ MISSION EXPIRES MIDDER 6, 2014	I swear, or affirm, that I am filing later than the 14th business of that the report as originally filed I swear, or affirm, that any error originally filed was made in good	ay after the date I learned is inaccurate or incomplete. or omission in the report as
	AFFIX NOTARY STAMP	/ SEAL ABOVE	Signature of eandida	le or Officeholder
	Sworn to and subscrib	ped before me by Row fy which, witness my hand a Felig-	and seal of office.	tary Public
	Signature of officer admini	stering oath Printed na	ame of officer administering oath	itle of officer administering cath
	Remem		t Of The Campaign Finance ort And Explain Corrections	Report Form

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gu	UIDE explains how to complete	this form.	ACCOUNT # (Ethics Commission 12312005	n filers)	2 PAGE # 1 of 35	
3 CANDIDATE/	MS/MRS/MR	FIRST	12312000	MI	OFFICE !	
OFFICEHOLDER NAME	· ·	RON		1710		JSE ONLY
NAIVIC		LAST DAVIS		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS/POBOX; APT/SU P.O. Box 16665 Austin, TX 78761	UITE#; CITY;	STATE;	ZIP CODE		
Change of Address					Date Hand-delivered	
T CAMPAICM	MS/MRS/MR F	FIRST	<del></del>	MI	Receipt #	Amount
5 CAMPAIGN TREASURER	1	ouis		MI	Date Processed	
NAME	Nickname Sir	LAST imms		` ŠUFFIX ´ `	Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLE 7501 Barcelona Drive Austin, TX 78752	EASE); APT / SUITE #;	; CITY;	STATE,	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N (512) 453-5322	NUMBER	EXTENSION			
8 REPORT TYPE	January 15 30	30th day before election	Runoff		15th day after ca appointment (offi	ampaign treasurer ficeholder only)
	X July 15 81	8th day before election	Exceeded	d \$500 limit	Final report (Atta	• •
9 PERIOD COVERED	Month Day Year 01/01/2010	THROUGH	Month I	Day 06/30/201	Year	
10 ELECTION	ELECTION DATE	ELECTION TYPE				<del></del>
	Month Day Year 10/06/2012	Primary	Runoff	X	General	Special
11 OFFICE	OFFICE HELD (if any) Travis CO Commissioner	· Pct 1	12 OFFICE SO Travis CO	UGHT (if known) O Commissi	ioner Pct 1	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.  Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.					
BY OTHER INDIVIDUALS	Name					
	Address/PO Box; Apt. / Suite #;	City; State; Zip Cod	de			
additional pages						
·		GO TO PAG	GE 2			

TOXAG ERRES CONTINSSION	1 .O. DOX (20	70 Additi, 1888 707 11-2070	(012	2)400-0000	1-00	U-020-00U6
CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS			FORM C/OH COVER SHEET PG 2			
14 C/OH NAME DAVI	S, RON			COUNT # (Eth 12005	ics Commi	ssion filers)
16 NOTICE 16 NOTICE 17 This box is for notice of political expenditures by political committees to support the cand have been made without the candidate's or officeholder's knowledge or consent. Candidates information only if they receive notice of such expenditures			ndidate / o es and offi	fficeholder. These ceholders are req	expenditured to re	ures may port this
POLITICAL COMMITTEE(S)					20	
	GENERAL	COMMITTEE ADDRESS			ID DEC	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			8	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			PM 2: 17	
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$		0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	16,8	62.00
EXPENDITURE TOTALS	. 3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$		0.00
	4. TOTAL F	POLITICAL EXPENDITURES	_	\$	11,2	26.49
CONTRIBUTION BALANCE	5. TOTAL P LAST DA	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD		\$	49,3	92.39
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD		\$		0.00
18 AFFIDAVIT						
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  FELICITAS B. CHAVEZ MY COMMISSION EXPIRES December 6, 2014  Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribe of December, 20		e said	, thi	s the $\frac{\mathscr{G}}{}$	tn	day
felicips B	-al	Felicitas B. Charles	No	tars Pu	ے <u>اطہ</u>	
Signature of officer admin	istering oath	Print name of officer administering oath	Title of o	fficer administe	ring oath	

The Instructi	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1	17 Report: 3/35
2 FILER NAME	DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor  out-of-state PAC (ID AFSCM Employees-AFL-CIO	)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/26/2010	6 Contributor address; City; State; Zip Code 1625 L Street N.W. Washington, DC 20036		\$500.00	1 1 1
			1	f Texas, complete Schedule 7)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor  ut-of-state PAC (ID Appling, Daniel & Georgine	<i>;</i> #)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/18/2010	Contributor address; City; State; Zip Code 509 Newhall Cove		\$50.00	 
	Austin, TX 78746-4123		!	I
=:				Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 100 Congree Ave., Suite 1300 Austin, TX 78701-2744		\$1,000.00	! !
			<u></u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 4106 Medical Parkway Austin, TX 78756-3700		\$500.00	 
		ļ	(If travel outside of	Taxas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		,
Date	Full name of contributor	<b>#)</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 8608 Tallwood Dr. Austin, TX 78759		\$25.00   	
]			(If travel outside of?	Texas, complete Schedule T)
Principal occupa	eation / Job title (See Instructions)	Employer (See Ins		
		4		

The Instructi	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 2/	17 Report: 4/35
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/26/2010	6 Contributor address; City; State; Zip Code 2001 Justin Lane Austin, TX 78757-2412		\$150.00	[   
<u> </u>				Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID: Beard, Larry	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 6200 Gilbert Rd Austin, TX 78724	`	\$50.00	
	·		(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In:		
,				
Date	Full name of contributor	, , , , , , , , , , , , , , , , , , , ,	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 1013 Weeping Willow Dr. Austin, TX 78753		\$125.00	·
		·	(if travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	F)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 6103 Cary Dr. Austin, TX 78757		\$25.00   	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 111 Congress Ave., Suite 1400 Austin, TX 78701		\$1,000.00     	
			(If travel outside of l	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
				1

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The INSTRUCT	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/	17 Report: 5/35
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor	)#)	7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)
05/26/2010	6 Contributor address; City; State; Zip Code 4613 Fallenash Drive Austin, TX 78725		\$125.00	! ! !
				Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor  ut-of-state PAC (ID Brockenbrough, Anna	)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 11318 Jones Rd Manor, TX 78653		\$125.00	] [
			<u> </u>	l 
D-inelegi occur				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 4400 Shoalwood Ave. Austin, TX 78756-3217		\$40.00	 
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor  ut-of-state PAC (ID: Butts, Sally	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 4506 Rosedale Ave. Austin, TX 78756-3028		\$50.00     	· ·
			(if travel outside of T	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor  ut-of-state PAC (ID#	ŧ) I	Amount of	In-kind contribution
İ	Central Texas Constables Political Action Commi	ttee	contribution (\$)	description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 7807 Doncaster Dr. Austin, TX 79745		\$125.00   	
Principal occupe	ation / Job title (See Instructions)	Employer (See Ins	* ****	Texas, complete Schedule T)
•		Limployer (Gee IIIs	u ucuons)	

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE#	
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	7 Report: 6/35 (Ethics Commission filers)
4 Date	5 Full name of contributor  uut-of-state PAC (ID# Clark, Colin	)		8 In-kind contribution description (if applicable)
05/26/2010	6 Contributor address; City; State; Zip Code 302 W. Johanna St. Austin, TX 78704		\$22.00   	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In		Fexas, complete Schedule T)
Date	Full name of contributor  ut-of-state PAC (ID# Cofer, George	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 3306 Gentry Drive Austin, TX 78746-5507		\$50.00	
				Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor  ut-of-state PAC (ID# Collins, James W. & Linda I.	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 4500 Steiner Ranch Blvd. No. 3208 Austin, TX 78732		\$50.00   	
Principal occur	pation / Job title (See Instructions)	Employer (See In:		exas, complete Schedule T)
	section 7 day (and (200 materials)	Employer (See III:	structions)	
Date	Full name of contributor  ut-of-state PAC (ID#_Crossley, Celilia		Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 3100 Catalina Dr. Austin, TX 78741		\$25.00     	
Principal occur	pation / Job title (See Instructions)	Employer (Occ. In		exas, complete Schedule T)
i iliopai occup	audit / 300 title (366 matriculins)	Employer (See Ins	structions)	
Date	Full name of contributor  ut-of-state PAC (ID#_Cumberbatch & Associates		Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 3 Green Lanes Austin, TX 78703		\$25.00     	
Principal occur	ation / Job title (See Instructions)	Employer (See Ins		exas, complete Schedule T)
		Employer (dee ms	Jouona)	

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/	/17 Report: 7/35			
2 FILER NAME	DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)			
4 Date	5 Full name of contributor  ut-of-state PAC (ID Dawson, Rhett M.	)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
06/24/2010	6 Contributor address; City; State; Zip Code 1717 W. 6th St., Ste 260 Austin, TX 78703		\$100.00				
				f Texas, complete Schedule T)			
	pation / Job title (See Instructions)	10 Employer (See In	ıstructions)				
Date	Full name of contributor	·#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
05/26/2010	Contributor address; City; State; Zip Code 315 Grosvenor St. Douglaston, NY 11363-1010		\$25.00	! !			
		,		· · · · · · · · · · · · · · · · · · ·			
Principal occur	pation / Job title (See Instructions)	Employer (See Ins		f Texas, complete Schedule T)			
			structions				
Date	Full name of contributor  ut-of-state PAC (ID Dukette, Scott E.	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
05/26/2010	Contributor address; City; State; Zip Code 4410 Twisted Tree Drive Austin, TX 78735-6432		\$250.00	  -  -			
C incided account				Texas, complete Schedule T)			
	pation / Job title (See Instructions)	Employer (See Ins	structions)				
Date	Full name of contributor  ut-of-state PAC (ID: Dwyer, Peter	*	Amount of contribution (\$)	In-kind contribution description (if applicable)			
05/26/2010	Contributor address; City; State; Zip Code 9900 Hwy 290 East Manor, TX 78653	·	\$500.00   				
Principal agence				Texas, complete Schedule T)			
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	itructions)				
Date	Full name of contributor	<del></del> )	Amount of contribution (\$)	in-kind contribution description (if applicable)			
05/26/2010	Contributor address; City; State; Zip Code 7311 Gunnison Pass Austin, TX 78724	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$25.00 <sub> </sub>	<b>1</b>			
	ı	1	i (if travel outside of	Texas, complete Schedule T)			
Principal occupa	ation / Job title (See Instructions)	Employer (See Inst		·/ 🗀			
	<del></del>	4	<del></del>	,			

P.O.Box 12070

The Instruction	ON GUIDE explains how to complete this form.	-	1 PAGE # Schedule: 6/	/17 Report: 8/35
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor	拼	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	6 Contributor address; City; State; Zip Code 4522 Avenue F Austin, TX 78751		\$25.00	 
			Lui	f Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 1036 Forest Bluff Tr. Round Rock, TX 78664		\$50.00	
	1	<i>,</i>	(If travel outside of	f Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See Ins		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 6401 Wilbur Dr. Austin, TX 78757		\$50.00	[ ] ]
	1	1	(If travel outside of	Texas, complete Schedule T)
	ation / Job title (See Instructions)	Emplayer (See Ins		Tends, oraș
Date	Full name of contributor	,)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 1600 W. 38 Street Ste. 300 Austin, TX 78731		\$50.00	 
Principal occups	ation / Job title (See Instructions)			Texas, complete Schedule T)
		Employer (See Inst	tructions)	
Date	Full name of contributor  ut-of-state PAC (ID# Frederick, David	<del></del>	Amount of contribution (\$)	in-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 414 Rigewood Rd West Lake Hills, TX 78746		\$100.00   	 I
2 / -/- 2				Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Inst	tructions)	

P.O.Box 12070

The Instruct	BON GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/	17 Report: 9/35
2 FILER NAME	DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID Fusco, Sarah	)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/26/2010	6 Contributor address; City; State; Zip Code 11117 Currin Ln. Austin, TX 78747		\$100.00	! !
				Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	istructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 1404 Redbud Trl. Austin, TX 78746	•••••	\$100.00	} [ 
			/If travel outside of	Texas, complete Schedule T)
Principal occur	Dation / Job title (See Instructions)	Employer (See In		rexas, complete schedule I)
			Structions	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 605 W. 10th St. Austin, TX 78701-2042	• • • • • • • • • • • • • • • • • • • •	\$125.00	{ [ [
			fil turnel andolds of	' 
Principal occup	pation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
			structions)	
Date	Full name of contributor	<del> </del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 2939 Westlake Cove Austin, TX 78746		\$1,000.00 <mark> </mark>   	; 
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 6636 W. William Cannon Dr. Austin, TX 78735		   \$25.00 	
			/If travel autoido of 1	Favor complete Cobad to m. [7]
Principal occupa	ation / Job title (See Instructions)	Employer (See ins		Texas, complete Schedule T)

<b>-</b> -					
	The Instructi	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/1	17 Report: 10/35
2	FILER NAME	DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/26/2010	6 Contributor address; City; State; Zip Code 1201 North Bower Rd. Richardson, TX 75081		\$250.00	 
Ļ	***************************************				Texas, complete Schedule T)
9		pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
	Date	Full name of contributor  out-of-state PAC (ID: Heidrick, R. Clarke	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; City; State; Zip Code 3702 Eastledge Dr. Austin, TX 78731-5851		\$50.00	 
İ	!	1	1	(if travel outside of	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See Ins		,
		•		,	
	Date	Full name of contributor	#	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; City; State; Zip Code 8831 stable Lane Houston, TX 77024-5674		\$1,000.00	 
	Principal occur	pation / Job title (See Instructions)	Total and Soo In	<u> </u>	Texas, complete Schedule T)
<u> </u>	Filitorpus caca <sub>p</sub>		Employer (See ins	structions)	
	Dat <del>e</del>	Full name of contributor	#)	Amount of contribution (\$)	in-kind contribution description (if applicable)
(	05/26/2010	Contributor address; City; State; Zip Code 1303 West Avenue Austin, TX 78701		\$100.00     	ı I
·		ı	<b>J</b>	(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(	05/26/2010	Contributor address; City; State; Zip Code 715 Kirk Drive Kansas City, MO 64105		\$500.00     	· .
				(if travel outside of T	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
			4		

The Instruc	TION GUIDE explains how to complete this form.	·	1 PAGE # Schedule: 9/1	17 Report: 11/35
2 FILER NAME	E DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID Howard, Robert M.	O#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/26/2010	6 Contributor address; City; State; Zip Code 2315 Westforest Dr. Austin, TX 78704	• · · · · · · · · · · · · · · · · · · ·	\$25.00	 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor  ut-of-state PAC (ID Huber, Karen	)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/16/2010	Contributor address; City; State; Zip Code 23020 Pedernales Canyon Trl Spicewood, TX 78669	,	\$500.00	} 
			1	Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor  ut-of-state PAC (ID Johnson, Shirley A.	)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 2000 Woodward St. Apt 421 Austin, TX 78741		\$25.00   	
			(If travel outside of 1	Fexas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 3902 Idlewild Rd Austin, TX 78731		\$25.00	
		,	(If travel outside of T	exas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 2000 Delvin Ln Austin, TX 78728		\$25.00	
•	,		I (if travel outside of T	exas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins		, , , , , , ,
		<u></u>		

	The INSTRUCTION	ON GUIDE explains how to con	nplete this form.		1 PAGE # Schedule: 10/1	17 Report: 12/35
2	FILER NAME	DAVIS, RON			3 ACCOUNT # 12312005	(Ethics Commission filers)
4	Date	5 Full name of contributor Laessle, Jane	out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/26/2010	6 Contributor address; 1034 Liberty Park Dr. Austin, TX 78746-6876	City; State; Zip Code		\$25.00   	
					ELICENCIA DE LA COMPUNIO	exas, complete Schedule T)
9	Principal occup	pation / Job title (See Instruction	ns)	10 Employer (See In	structions)	
_						
	Date	Full name of contributor Lipscombe, John H.	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/10/2010	Contributor address; 6600 Mesa Dr. Austin, TX 78731	City; State; Zip Code		\$125.00	
				(If travel outside of T	exas, complete Schedule T)	
	Principal occup	l pation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Lloyd, John	□ out-of-state PAC (ID#	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; 4111 Lakeplace Lane Austin TX, TX 78763	City; State; Zip Code		\$125.00	
					(If travel outside of T	exas, complete Schedule T)
	Principal occup	pation / Job title (See Instruction	ns)	Employer (See In		exas, complete scriedule 1)
	Date	Full name of contributor Lorenz, Perry	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; 1311-A East 6th Street Austin, TX 78702-3301	City; State; Zip Code		\$500.00   	
					(If travel outside of T	exas, complete Schedule T)
	Principal occup	pation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Love, Kenneth L. & Patrio	□ out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; 122 Edison Dr. Hutto, TX, TX 78634	City; State; Zip Code		\$25.00     	
					(If travel outside of T	exas, complete Schedule T)
	Principal occup	pation / Job title (See Instruction	ns)	Employer (See In	structions)	7.5 KF (12) (1.7 MK
			<b>阿勒斯里特尼尔</b> 斯			

P.O.Box 12070

#### SCHEDULE A

1-800-325-8506

	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 11	/17 Report: 13/35
2	FILER NAME	DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)
4	Date	5 Full name of contributor	t)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/26/2010	6 Contributor address; City; State; Zip Code 725 Patterson Austin, TX 78703		\$50.00	 
		·		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	etion / Job title (See Instructions)	10 Employer (See in	structions)	
				<u></u>	
	Date <sub>.</sub>	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; City; State; Zip Code 7100 Grove Crest Dr. Austin, TX 78736		\$50.00	] ] 1
	·	7.444.1 7.7.7.6.4		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See in	structions)	
			•		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; City; State; Zip Code 7400 Valburn Dr.		\$125.00	] 
		Austin, TX 78731		(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID: Murfee, George W.	)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	05/26/2010	Contributor address; City; State; Zip Code 1101 S Capital of TX HWY, Bldg. D110 Austin, TX 78746		\$125.00	· 
				   (If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID) Nellis, Leroy W.	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/26/2010	Contributor address; City; State; Zip Code 3418 Zadock Woods Dr. Austin, TX 78749		\$50.00	1 
	i			(if travel outside of	Texas, complete Schedule ()
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	

	· · · · · · · · · · · · · · · · · · ·			
The Inst	RUCTION GUIDE explains how to complete this form.		1 PAGE# Schedule: 12	//17 Report: 14/35
2 FILER NA	ME DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (IE Olivier. Jr., Edmond	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/18/20	110 6 Contributor address; City; State; Zip Code 918 Shannon Meadow Trail Austin, TX 78613-5001		\$50.00	 
			(If travel outside of	Texas, complete Schedule T)
9 Principal	occupation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor  ut-of-state PAC (IE Olivera, Jr., Snow & Hope	)#)	Amount of contribution (\$)	in-kind contribution description (if applicable)
05/26/20	10 Contributor address; City; State; Zip Code 12132 Parson Rd Manor, TX 78653		\$100.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal (	occupation / Job title (See Instructions)	Employer (See In	structions)	, , , , , , , , , , , , , , , , , , ,
Date	Full name of contributor	)	Amount of contribution (\$)	in-kind contribution description (if applicable)
05/26/20	Contributor address; City; State; Zip Code 7931 Jenkin Rd. Cheltenham, PA 19012		\$1,000.00	] 
			(if trave) outside of	Texas, complete Schedule T)
Principal o	ccupation / Job title (See Instructions)	Employer (See In		, , , , , , , , , , , , , , , , , , ,
Date	Full name of contributor  ut-of-state PAC (ID Porter, Joseph D.	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/20	10 Contributor address; City; State; Zip Code 2717 E. 22nd Street Austin, TX 78722-1701		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal o	ccupation / Job title (See Instructions)	Employer (See In		rexas, complete schedule ()
Date	Full name of contributor  ut-of-state PAC (ID Price, Velua L.	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/20	10 Contributor address; City; State; Zip Code 1601 Ridgemont Dr. Austin, TX 78723		\$20.00	 
	August 1770720			 _ —
Principal o	ccupation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
		Employor (ood m	ou southly	

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13	3/17 Report: 15/35
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (IE Reed, Jerry	)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/18/2010	6 Contributor address; City; State; Zip Code 510 West 15th Street Austin, TX 78763-5674	,	\$250.00	ł 
= de-lest noon				f Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor  ut-of-state PAC (ID Rockwell, Bradley L.	)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 601 S. Third St. Austin, TX 78704	***************************************	\$50.00	<u>!</u>
İ	Ausuii, 17 70704			l
=				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	istructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 15435 Quinley Dr. Austin, TX 78728		\$25.00	[ [ [
	1	1	(if trave) outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins		-
Date :	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 2201 Montoplis Dr. Austin, TX 78741		\$25.00     	, · · · · · · · · · · · · · · · · · · ·
	<u> </u>			Texas, complete Schedule T)
Principal occupa	eation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<del></del>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2010	Contributor address; City; State; Zip Code P.O. Box 301586 Austin, TX 78703		\$100.00   	
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
		<u> </u>		

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The Instruct	FION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14	1/17 Report: 16/35
2 FILER NAME	DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID Shine, P.E., Chuck	)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/26/2010	6 Contributor address; City; State; Zip Code 901 Mopac Austin, TX 78746		\$25.00	 
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In		Texas, complete Schedule T)
			iati detiona)	
Date	Full name of contributor	)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 604 West 11th Street Austin, TX 78701		\$50.00	 
			(if travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		Toxas, complete conceder 1)
Date	Full name of contributor Out-of-state PAC (ID Smith, Bill	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 1908 Barton Pkwy Austin, TX 78704		\$10.00	 
			/if traval outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See Ins	1	reads, complete scriedule I)
			, 	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 1908 Barton Pkwy Austin, TX 78704		\$50.00   	i i
· · · · · · · · · · · · · · · · · · ·			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/18/2010	Contributor address; City; State; Zip Code 303 Ranger Drive Austin, TX 78763-5674		\$50.00   	·
			(If travel outside of T	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	itructions)	

		<del></del>		
The Instruct	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15	5/17 Report: 17/35
2 FILER NAME	E DAVIS, RON		3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/26/2010	6 Contributor address; City; State; Zip Code 2615 Pecos Austin, TX 78703	· · · · · · · · · · · · · · · · · · ·	\$50.00	 
				Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor  ut-of-state PAC (ID Stevens, Gloria	)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 7607 Blessing Ave Austin, TX 78752		\$20.00	 
Principal Accu	Control of the stille (Control tours)			Texas, complete Schedule T)
rancipa occu	upetion / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor  out-of-state PAC (ID) Stone, Keith & Catherine	)#)	Arnount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 4716 St. John's Dr. Dallas, TX 75205	***************************************	\$2,500.00     	 
:		l	fif travel outside of	Texas, complete Schadule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins		Today compress sometime // last
Date	Full name of contributor  ut-of-state PAC (ID# Sylvester, James N. & Joy E.	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 1600 Morning Quali Dr. Austin, TX 78758		\$30.00   	
			(If travel outside of ?	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins		,
Date	Full name of contributor  ut-of-state PAC (ID#	<u> </u>	*	
<u> </u>	Timerlake, Walter & Lucille	#	Amount of   contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 2006 Bouldin Ave. Austin, TX 78704	•••••	\$30.00     	
		1	(if travel outside of T	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Inst	tructions)	

The INSTRUCT	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 16	6/17 Report: 18/35
2 FILER NAME	DAVIS, RON		3 ACCOUNT# 12312005	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (III Travis County Sheriff's Officers Association, PAI		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/26/2010	6 Contributor address; City; State; Zip Code 400 W 14th St. Suite #220 Austin, TX 78701	1	\$1,000.00	 
9 Principal occuj	pation / Job title (See Instructions)	10 Employer (See in	<u></u>	f Texas, complete Schedule T)
	, America (1977)	TU Employee (CCC)	/Structions/	
Date	Full name of contributor  ut-of-state PAC (ID	D# )	Amount of	I to kind contribution
-	Vela, Joe H.	/#	contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 5305 Summer Dr. Austin, TX 78741-3218	,	\$25.00	
	1	,	(If travel outside of	t Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In:	<u> </u>	1838, comprete consecuto /
Date	Full name of contributor	)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/04/2010	Contributor address; City; State; Zip Code 2300 Frist City Tower Houston, TX 77002-6760		\$1,000.00	) 
	·	,	de traval cuitaids of	Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See Ins		Texas, complete Scheduse / La
_				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/26/2010	Contributor address; City; State; Zip Code 11500 Oak TRL Austin, TX 78753	•••••	\$50.00	į
	I	J	1	_
Principal occup	eation / Job title (See Instructions)	Employer (See ins		Texas, complete Schedule T)
1 through ,	THOU I AND UND (ADD UNDERGOINE)	Employer (Ooo III.o	atructions)	
Date	Full name of contributor  ut-of-state PAC (ID#	<u> </u>	Amount of	In-kind contribution
	Worsham, Victoria H		contribution (\$)	description (if applicable)
06/09/2010	Contributor address; City; State; Zip Code 5800 Highland Hills Terr Austin, TX 78731		\$15.00   	
1		j	/If travel outside of T	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Inst	L	exas, complete schedule // Li
		l		

# **POLITICAL CONTRIBUTIONS**

	The Instruction	ON GUIDE explains how to complete this form.	1 PAGE # Schedule: 17/17 Report: 19/35
2	FILER NAME	DAVIS, RON	3 ACCOUNT # (Ethics Commission filers) 12312005
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#) Wyatt, Tommie	7 Amount of   8 In-kind contribution contribution (\$) description (if applicable)
	05/26/2010	6 Contributor address; City; State; Zip Code 1223A Rosewood Ave Austin, TX 78702	\$25.00
9	Principal occup	ation / Job title (See Instructions) 10 Employer (See In	·
			•
	•		· ,

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense

Event Expense Fees	Printing Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/ The INSTRUCTION GUIDE explains how	trict Candidate Rental Expense OTHER (ente	s/Donations Made By s/Officeholder/Political Committee er a category not listed above)
1 PAGE#	2 FILER NAME	To complete this form.	Le ACCOUNT & CTEO (1)
Schedule: 1/15	I		3 ACCOUNT # (TEC filers) 12312005
4 Date	5 Payee name	<del></del>	12312003
03/30/2010	African American Men & Boys Harvest Foundtion		
6 Amount (\$)	7 Payee address City; State; Zip Code		<del></del>
\$250.00	•		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	le of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Political donation for con	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
05/14/2010	Alan Pogue		
Amount (\$)	Payee address City; State; Zip Code		
\$25.00	2105 East MLK Blvd Austin, TX 78702		
PUPPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Contract labor campaign	
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held:
Date	Payee name		
06/10/2010	ATX Juneteenth Music		
Amount (\$)	Payee address City; State; Zip Code	<del></del>	
\$200.00	4815 West Breaker Lane Bldg 502 #358 Austin, TX 78759		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Political donation for June	eteenth Celebration
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		H
05/06/2010	Austin Community Foundation - Real estate Council		
Amount (\$)	Payee address City; State; Zip Code	<del></del>	
\$100.00	98 San Jaccinto Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside Political Adnertisement	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

direct expenditure to benefit C/OH

#### POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Travel In District
Travel Out Of District
Office Overhead/Rental Expense Polling Expense Printing Expense **Event Expense** OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) DAVIS, RON Schedule: 2/15 Report: 21/35 12312005 4 Date 5 Payee name 02/16/2010 Capital City African American Chamber of Commerce 6 Amount (\$) Payee address City; State; Zip Code 5407 N. IH 35, Suite 304 \$100.00 Austin, TX 78723 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Political donation for community outreach **OF** Candidate/Officeholder/Political Committee **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/20/2010 Central Area Progressive Democrats Amount (\$) Payee address City; State; Zip Code P.O. Box 2456 \$100.00 Austin, TX 78768 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation political fund-raiser Candidate/Officeholder/Political Committee EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 01/11/2010 Chavez, Feli Amount (\$) Payee address City; State; Zip Code 11820 Navasota \$50.00 Manor, TX 78653 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Contract labor for campaign research OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 01/25/2010 Chavez, Feli Amount (\$) Payee address City; State; Zip Code 11820 Navasota \$25.00 Manor, TX 78653 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Contract labor for campaign research OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held:

SCHEDULE F

FYPENDITURE	CATEGODIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

	<u> </u>	The Instruction Guide explains he	ow to complete this form.	g - , <u></u>
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 3/15		DAVIS, RON		12312005
4 Date	5 Payee name			
05/14/2010	Chavez, Feli			
6 Amount (\$)	7 Payee address	· // - ·		
\$225.00	11820 Navas Manor, TX 7			
8 PURPOSE	(a) Category (See	e Categories listed at the top of this schedule)	(b) Description (If travel outsice	de of Texas, complete Schedule T)
OF EXPENDITURE	Salanes/vvaç	ges/Contract Labor	Contract labor for campa	iign research
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	ficeholder name	Office sought:	Office held:
Date	Payee name			
06/24/2010	Chavez, Feli			
Amount (\$)	Payee address	- 7		
\$150.00	11820 Navas Manor, TX 7	8653		
PURPOSE		Categories listed at the top of this schedule)	Description (If travel outsid	e of Texas, complete Schedule T)
OF	Salaries/Wages/Contract Labor		Contract Labor for campa	aign research
EXPENDITURE			İ	
Complete ONLY if	Candidate / Off	iceholder name	Office sought:	Office held:
to benefit C/OH	<u> </u>			
Date	Payee name			
04/20/2010	Cinco De May	o Committee		
Amount (\$)	Payee address	- );;		
\$25.00	314 West 11th Austin, TX 78	h Street, Suite 525 3701		
	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	of Towns complete Cohedula Ti
PURPOSE OF EXPENDITURE	Contributions/	Donations Made By iceholder/Political Committee	Political donation for com	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offi	ceholder name	Office sought:	Office held:
Date	Payee name			
01/14/2010	Comerica Ban			
Amount (\$)	Payee address	City; State; Zip Code		
\$6.50	P.O. Box 7500 Dallas, TX 48			
PURPOSE		Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
OF	Accounting/Ba	nking	Checking account fees	
EXPENDITURE				
Complete ONLY if	Candidate / Office	ceholder name	Office sought:	Office & state
direct expenditure to benefit C/OH			Ouice sought	Office held:

### SCHEDULE F

Advertising Exp Accounting/Ban Consulting Exp Event Expense Fees	iking Legal Services Solicitation/Fi ense Food/Beverage Expense Travel In Dist Polling Expense Travel Out Of Printing Expense Office Overhe The INSTRUCTION GUIDE explains	pes/Contract Labor undraising Expense rict file District pad/Rental Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee COTHER (enter a category political change)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers
Schedule: 4/15	Report: 23/35 DAVIS, RON	
4 Date	5 Payee name	12312005
01/28/2010	Comerica Bank	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$30.00	P.O. Box 75000 Dallas, TX 48275	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Accounting/Banking	Research and Copies of campaign bank statements
EXPENDITURE		The state of the s
	į	
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure		Office sought: Office held:
to benefit C/OH		
Date	Payee name	
02/11/2010	Comerica Bank	
Amount (\$)	Payee address City; State; Zip Code	
\$6.50	P.O. Box 75000	
40.00	Dallas, TX 48275	
	Category (See Categories listed at the top of this schedule)	Description (if travel outside of Texas complete Schodule T)
PURPOSE	Accounting/Banking	(
OF EXPENDITURE	,	Service charges campaign checking account
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		Office sought: Office held:
to beliefit C/OH		
Date	Payee name	
03/11/2010	Comerica Bank	
Amount (\$)	Payee address City; State; Zip Code	
\$6.50	P.O. Box 75000	
45,00	Dallas, TX 48275	
	,	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Accounting/Banking	t t t t t t t t t t t t t t t t t t t
OF EXPENDITURE		Service charges campaign checking account
CAL CIADITONE		
Complete ONLY if	Candidate / Officeholder name	
direct expenditure		Office sought: Office held:
to benefit C/OH		
Date	Payee name	
03/11/2010	Comerica Bank	
Amount (\$)	Payee address City; State; Zip Code	
\$6.50	P.O. Box 75000	·
<b>Ф</b> 0.00	Dalias, TX 48275	
1		
<del></del>	Cotagon: (C., C.)	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Accounting/Banking	Service charges campaign checking account
EXPENDITURE		
<del></del> _		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

		The Instruction Guide explains he	ow to complete this form.	a category flot listed applye;
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 5/15	Report: 24/35	DAVIS, RON		12312005
4 Date	5 Payee name			
04/13/2010	Comerica Ba			
6 Amount (\$)	7 Payee address	City; State; Zip Code		
\$6.50	P,O, Box 750 Detroit, MI 4	000 8275		
	]			
8	(a) Category (See	Categories listed at the top of this schedule)	(b) Description (If travel outsid	e of Texas, complete Schedule T)
PURPOSE	Accounting/B	Banking	Service charges campaig	n checking account
EXPENDITURE				-
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	ficeholder name	Office sought:	Office held:
Date	Payee name			
05/13/2010	Comerica Bar			
Amount (\$)	Payee address	City; State; Zip Code		
\$6.50	P.O. Box 750 Dallas, TX 4			
	Dallas, IA 40	02/3		
ļ	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	
PURPOSE	Accounting/B		Service charges campaig	of Texas, complete Schedule T)
OF EXPENDITURE		J	oorvioo onargos oampaig	in checking account
		····		
Complete ONLY if direct expenditure	Candidate / Off	iceholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
01/14/2010	Diana Flower	Shop		i
Amount (\$)	Payee address	City; State; Zip Code		
\$270.55	2614 E. 7th S			
	Austin, TX 78	3702-3936		
	Category (See (	Categories listed at the top of this schedule)	Description (If travel outside	
PURPOSE		Memorials Expense	Flower for constituent's fu	of Texas, complete Schedule T)
OF EXPENDITURE			I lower for constituents to	rieiai
-20 400110112				,
Complete ONLY if	Candidate / Offi	ceholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			<u>-</u>	
Date	Payee name			
02/12/2010	Diana Flower	Shop		
Amount (\$)	Payee address	City; State; Zip Code		
\$223.00	2614 E. 7th St	• • • • • •		į
Ψ220.00	Austin, TX 78			1
		Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF		Memorials Expense	Flowers for constituent's for	uneral
EXPENDITURE		•		
· .				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	ceholder name	Office sought:	Office held:

SCHEDULE F

	EXPENDITURE CA	TEGORIES			
Advertising Expo Accounting/Ban	ense Gifts/Awards/Memorial Expense Salaries/Wa	iges/Contract Labor Loan Re	payment/F	Reimbursement	
Consulting Expe	nse Food/Beverage Expense Travel In Di	strict Contribu	rtation Equ utions/Dona	ripment & Related ations Made By	Expense
Event Expense Fees	Politing Expense Travel Out ( Printing Expense Office Over	Of District Cano	idate/Offica	eholder/Political Category not listed	ommittee
	The Instruction Guide explains	s how to complete this form.	(cinci e de	regory not listed i	ibove)
1 PAGE#	2 FILER NAME		3	ACCOUNT#	(TEC filers)
Schedule: 6/15	Report: 25/35 DAVIS, RON			12312005	, ,
4 Date	5 Payee name				
03/11/2010	Diana Flower Shop				
6 Amount (\$)	7 Payee address City; State; Zip Code				
\$51.96	2614 E. 7th Street Austin, TX 78702-3958				
	7135, 771 13702 3000				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (if travel o			
PURPOSE	Gifts/Awards/Memorials Expense	Flower for constituen		exas, complete S	chedule T)
OF EXPENDITURE	·	v to the rest of the second second	t G Tarron	_	
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:		Office held:	
to benefit C/OH					
Date	Payee name				
04/16/2010	Diana Flower Shop				
Amount (\$)	Payee address City; State; Zip Code		-		
\$108.26	2614 E. 7th Street				
	Austin, TX 78702-3958				
	Colors (C. C. C. C. C. C. C. C. C. C. C. C. C. C				
PURPOSE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense			xas, complete So	hedule T)
OF EXPENDITURE	Omerwards womented Expense	Flower for constituent	's tunera	Ŋ	
EXPERDITORE		<b>I</b> II			ŧ
Complete ONLY if	Candidate / Officeholder name	Office sought:		Office held:	
direct expenditure to benefit C/OH		•			ì
Date	Payee name				
05/06/2010	Diana Flower Shop				ĺ
Amount (\$)	Payee address City; State; Zip Code				
\$54.13	2614 E. 7th Street				1
•	Austin, TX 78702-3958				
					Ì
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel ou	tside of Te	xas, complete Sci	nedule T)
OF	Gifts/Awards/Memorials Expense	Flower for constituent	's funera	İ	-1
EXPENDITURE		·			]
Complete ONLY if	Candidate / Officeholder name	Office sought:	<del></del>	Office held:	
direct expenditure to benefit C/OH		Onice Sought		Office field;	
Date	Payee name		-		
05/20/2010	Diana Flower Shop				
Amount (\$)	Payee address City; State; Zip Code				
\$54.13	2614 E. 7th Street	•			- 1
Ψυ	Austin, TX 78702-3958				
BUBBOSE	Category (See Categories listed at the top of this schedule)	Description (if travel out	side of Tex	as, complete Sch	edule T\
PURPOSE OF	Gifts/Awards/Memorials Expense	Flowers for constitent's	s funeral		',' L
EXPENDITURE					
Complete ONLY if	Candidate / Officeholder name				
direct expenditure	Cardidate / Cincendide Haille	Office sought:		Office held:	
to benefit C/OH					

SCHEDULE F

	EXPE	NDITURE CATEGO
dvertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Con
	Local Candana	

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense ITURE CATEGORIES
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Polling Ex Printing E		Office Overhea	District ad/Rental Expense low to complete this f	OTHER (en	e/Officeholder/Political ter a category not listed	above)
1 PAGE#		2 FILER NAME	Guice expire	IOM IO COMPIERE MA	orm.	To tood ME	
Schedule: 7/15	1-	DAVIS, RON				3 ACCOUNT #	,
4 Date	5 Payee name		<del></del>			12312005	<del>.</del>
05/06/2010		s Scholarship Fund					
6 Amount (\$)	7 Payee address		; Zip Code				
\$100.00	P.O. Box 4905 Austin, TX 78	51					
8 PURPOSE	(a) Category (See (	Categories listed at the top	of this schedule)	(b) Description	(If travel outsic	de of Texas, complete s	Schedule T)
OF	Contributions/	Donations Made By iceholder/Political Co	-794		ation for sch	olarship	
EXPENDITURE	Cariumano/Om	Cenolden Political Co	mmittee			-	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	ceholder name	·	Office so	ıght:	Office held	;
	<u> </u>			<u>-</u>			_
Date 06/10/2010	Payee name						
06/10/2010	Grant, Shellda					<u></u>	
Amount (\$)	Payee address	City; State;	; Zip Code		<del></del>		
\$750.00	1611 East 12th Austin, TX 787			•			
	Category (See C	ategories listed at the top	of this schedule)	Description	(If travel outside	e of Texas, complete S	Shodula T)
PURPOSE OF	Salaries/Wage	s/Contract Labor		Contract lab	or for creatin	g website and trai	ining for
EXPENDITURE		·		campaign w	ebsite	•	
Complete ONLY if	Candidate / Offic	sholder name					
direct expenditure to benefit C/OH	Candidate / Onit	enoluer flame	<u></u>	Office sou	gnt:	Office held:	
direct expenditure	Payee name			Office sou	gnt:	Office held:	
direct expenditure to benefit C/OH  Date 03/30/2010	Payee name	opard Campaign	<del></del>	Office sou	gnt:	Office held:	<u>*</u> *
direct expenditure to benefit C/OH Date	Payee name Judge Eric She Payee address	epard Campaign City; State;	Zip Code	Office sou	gnt:	Office held:	
direct expenditure to benefit C/OH  Date 03/30/2010	Payee name Judge Eric She	epard Campaign City; State; Suite 1000	Zip Code	Office so.	gnt	Office held:	
Date 03/30/2010 Amount (\$) \$50.00	Payee name Judge Eric She Payee address 221 W. 6th St. 3 Austin, TX 787	opard Campaign City; State; Suite 1000 701 ategories listed at the top of		Office so.			
Date 03/30/2010 Amount (\$)	Payee name Judge Eric She Payee address 221 W. 6th St. 3 Austin, TX 787 Category (See Ca	epard Campaign City; State; Suite 1000 701  ategories listed at the top of	of this schedule)		(If travel outside	Office held:	
Date 03/30/2010 Amount (\$) \$50.00	Payee name Judge Eric She Payee address 221 W. 6th St. 3 Austin, TX 787 Category (See Ca	opard Campaign City; State; Suite 1000 701 ategories listed at the top of	of this schedule)	Description	(If travel outside		
direct expenditure to benefit C/OH  Date 03/30/2010  Amount (\$) \$50.00  PURPOSE OF EXPENDITURE  Complete ONLY if	Payee name Judge Eric She Payee address 221 W. 6th St. 3 Austin, TX 787 Category (See Ca	opard Campaign City; State; Suite 1000 701  ategories listed at the top of conations Made By exholder/Political Core	of this schedule)	Description	(If trave) outside		
Date 03/30/2010 Amount (\$) \$50.00  PURPOSE OF EXPENDITURE	Payee name Judge Eric She Payee address 221 W. 6th St. 5 Austin, TX 787 Category (See Ca Contributions/D Candidate/Office	opard Campaign City; State; Suite 1000 701  ategories listed at the top of conations Made By exholder/Political Core	of this schedule)	Description Political dona	(If trave) outside	e of Texas, complete So	
direct expenditure to benefit C/OH  Date 03/30/2010  Amount (\$) \$50.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure	Payee name Judge Eric She Payee address 221 W. 6th St. 3 Austin, TX 787  Category (See Ca Contributions/D Candidate/Office	opard Campaign City; State; Suite 1000 701  ategories listed at the top of conations Made By exholder/Political Core	of this schedule)	Description Political dona	(If trave) outside	e of Texas, complete So	
Date 03/30/2010 Amount (\$) \$50.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH	Payee name Judge Eric She Payee address 221 W. 6th St. 3 Austin, TX 787  Category (See Ca Contributions/D Candidate/Office  Candidate / Office	opard Campaign City; State; Suite 1000 701  ategories listed at the top of conations Made By exholder/Political Core cholder name	of this schedule)	Description Political dona	(If trave) outside	e of Texas, complete So	
Date 03/30/2010 Amount (\$) \$50.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH	Payee name Judge Eric She Payee address 221 W. 6th St. 5 Austin, TX 787  Category (See Ca Contributions/D Candidate/Office  Payee name Medearis, Charl	epard Campaign City; State; Suite 1000 701  ategories listed at the top of conations Made By beholder/Political Coreholder name	of this schedule) mmittee	Description Political dona	(If trave) outside	e of Texas, complete So	
Date 03/30/2010 Amount (\$) \$50.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/12/2010	Payee name Judge Eric She Payee address 221 W. 6th St. 3 Austin, TX 787  Category (See Ca Contributions/D Candidate/Office  Candidate / Office	epard Campaign City; State; Suite 1000 701  ategories listed at the top of conations Made By beholder/Political Correlator name  des City; State; d Ave	of this schedule) mmittee	Description Political dona	(If trave) outside	e of Texas, complete So	
direct expenditure to benefit C/OH  Date 03/30/2010  Amount (\$) \$50.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/12/2010  Amount (\$)	Payee name Judge Eric She Payee address 221 W. 6th St. 9 Austin, TX 787  Category (See Ca Contributions/D Candidate/Office  Payee name Medearis, Charl Payee address 1309 Rosewood	epard Campaign City; State; Suite 1000 701  ategories listed at the top of conations Made By beholder/Political Correlator name  des City; State; d Ave	of this schedule) mmittee	Description Political dona	(If trave) outside	e of Texas, complete So	
Date 03/30/2010 Amount (\$) \$50.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/12/2010  Amount (\$) \$500.00	Payee name Judge Eric She Payee address 221 W. 6th St. 3 Austin, TX 787  Category (See Category (See Category) Candidate/Office  Payee name Medearis, Charle Payee address 1309 Rosewood Austin, TX 7876  Category (See Category) (See Category)	epard Campaign City; State; Suite 1000 701  ategories listed at the top of conations Made By beholder/Political Correlators are city; State; d Ave 02	of this schedule) mmittee Zip Code	Description Political dona Office sou	(If travel outside ation	of Texas, complete So	Chedule T)
direct expenditure to benefit C/OH  Date 03/30/2010  Amount (\$) \$50.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/12/2010  Amount (\$)	Payee name Judge Eric She Payee address 221 W. 6th St. 5 Austin, TX 787  Category (See Ca Contributions/D Candidate/Office  Payee name Medearis, Charl Payee address 1309 Rosewood Austin, TX 7876	epard Campaign City; State; Suite 1000 701  ategories listed at the top of conations Made By beholder/Political Correlators are city; State; d Ave 02	of this schedule) mmittee Zip Code	Description Political dona Office sou	(If travel outside	of Texas, complete Son Office held:	chedule T)
Date 03/30/2010 Amount (\$) \$50.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/12/2010  Amount (\$) \$500.00	Payee name Judge Eric She Payee address 221 W. 6th St. 3 Austin, TX 787  Category (See Category (See Category) Candidate/Office  Payee name Medearis, Charle Payee address 1309 Rosewood Austin, TX 7876  Category (See Category) (See Category)	epard Campaign City; State; Suite 1000 701  ategories listed at the top of conations Made By beholder/Political Correlators are city; State; d Ave 02	of this schedule) mmittee Zip Code	Description Political dona Office sou	(If travel outside	of Texas, complete So	chedule T)

SCHEDULE F

EXPENDI	THRE	CATE	CODI	=e

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Politing Expense ITURE CATEGORIES
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel in District
Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Caudidate/Officeholder/Political Committee

Event Expense Fees	Printing Expense Office Or	Out Of District Candidate/Officeholder/Political Committee Overhead/Rental Expense OTHER (enter a category and listed above)
1 PAGE#	2 FILER NAME	ains how to complete this form.
Schedule: 8/15		3 ACCOUNT # (TEC filers)
4 Date	5 Payee name	12312005
02/18/2010	Mt. Zion Baptist Church	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$50.00		· ·
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) Political donation for community outreach
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
03/03/2010	National Women of Achievement	
Amount (\$)	Payee address City; State; Zip Code	
\$70.00	4807 Bundy Hill Dr. Austin, TX 78723	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) Political donation for community aweamess
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
02/02/2010	People Organized in Defense of Earth and Her	r resources (PODER)
Amount (\$)	Payee address City; State; Zip Code	
\$400.00	P.O. Box 6237 Austin, TX 78762	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committee	e) Description (If travel outside of Texas, complete Schedule T) Political donation for community service
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
05/20/2010	Sam Biscoe Special Project	
Amount (\$)	Payee address City; State; Zip Code	
\$100.00	P.O. Box 1748 Austin, TX 78767	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) Political donation for community aweamess Junteenth
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held:

SCHEDULE F

EXPENDIT	JRE	CATEGO	RIFS

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	The Instruction Guide explains he	i/Rental Expense OTHER (e	ate/Officeholder/Political Committee inter a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 9/15	Report: 28/35 DAVIS, RON		12312005
4 Date	5 Payee name		1 12312003
06/07/2010	Sam Biscoe Special Project		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$20.00			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel out: Political donation for co Juneteenth	side of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
06/01/2010	Simms, Louis		
Amount (\$)	Payee address City; State; Zip Code		
\$1,000.00	1		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outs Contract labor for camp	ide of Texas, complete Schedule T)
		<u>t</u>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
05/10/2010	Soulciti.com		
Amount (\$)	Payee address City; State; Zip Code		<del></del>
\$250.00	815-A Brazos #546 Austin, TX 78701		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outsi	de of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Internet advertisement f	or political fund-raiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
01/07/2010	Spears, Sue		i
Amount (\$)	Payee address City; State; Zip Code		
\$75.00	7318 Colony Park Austin, TX 78724		·
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside Contract labor for campa	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

			SCHEDULE I
	EXPENDITURE CATE	CORIEC	
Advertising Exp Accounting/Bar Consulting Exp Event Expense Fees	nese Gifts/Awards/Memorial Expense Salaries/Wages/ iking Legal Services Solicitation/Func ense Food/Beverage Expense Travel out Of Di	/Contract Labor Loan Repa draising Expense Transporta to Contribution istrict Candida //Rental Expense OTHER (e)	syment/Reimbursement titon Equipment & Related Expense ins/Donations Made By ate/Officeholder/Political Committee inter a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers
Schedule: 10/15			12312005
4 Date	5 Payee name Spears, Sue		
01/21/2010 6 Amount (\$)	7 Payee address City; State; Zip Code		
\$50.00	1		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (if travel outs Contract labor for camp	side of Texas, complete Schedule T)  Daign research
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
02/24/2010	Spears, Sue		
Amount (\$)	Payee address City; State; Zip Code		
\$125.00	7813 Colony Park Dr. Austin, TX 78724		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outsi Contract labor for camp	ide of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
04/16/2010	Spears, Sue		
Amount (\$)	Payee address City; State; Zip Code		
\$300.00	7318 Colony Park Austin, TX 78724		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outsic Contract labor for campa	de of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
05/17/2010	Spears, Sue		,
Amount (\$) \$125.00	Payee address City; State; Zip Code 7813 Colony Park Dr. Austin, TX 78724		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outsid Contract labor for campa	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to henefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

		_		_	-	
EXDENIDIT	IDE	CA:	TC/	-/	10	ice

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

		The Instruction Guide explains h	ow to complete this form.	er a category not listed above)
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 11/15		DAVIS, RON		12312005
4 Date	5 Payee name			
05/20/2010	Spears, Sue			
6 Amount (\$)	7 Payee addres			
\$200.00	7318 Colony Austin, TX 7	78724		
8	(a) Category (See	Categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE		ges/Contract Labor	Contract labor for campa	
EXPENDITURE	<u> </u>			
O Complete ONLY if	Condidate / O	fficeholder name		
9 Complete ONLY if direct expenditure	Candidate / Of	ricenoider name	Office sought:	Office held:
to benefit C/OH	<u> </u>			
Date	Payee name			
06/24/2010	Spears, Sue			
Amount (\$)	Payee address	,,, <u></u>		<del>-</del>
\$200.00	7318 Colony Austin, TX 7			
	Addult, IX I	0/24		
	Category (See	Categories listed at the top of this schedule)	Description (if travel outside	47
PURPOSE		ges/Contract Labor	Contract labor for campai	of Texas, complete Schedule T)
OF EXPENDITURE	_	•	o sampa	girroccatori
Complete ONLY if direct expenditure	Candidate / Of	ficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
01/05/2010	Sprint			
Amount (\$)	Payee address	,,		<u> </u>
\$71.75	P.O. Box 807 London, KY			
	London, ICI	40/4/-0/55		
	Category (See	Categories listed at the top of this schedule)	Depositation (III.)	
PURPOSE	OTHER - Inte		Description (If travel outside January wireless internet	of Texas, complete Schedule T)
OF EXPENDITURE			laptop	service for campaign
	Y 4			
Complete ONLY if direct expenditure	Candidate / Off	iceholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name		<del></del>	
02/08/2010	Sprint			İ
Amount (\$)	Payee address	City; State; Zip Code		
\$71.97	P.O. Box 807			
f	London, KY 4	10/47-8/53		Ì
	Cotogon, (Co.			
PURPOSE	OTHER - Inte	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
OF EXPENDITURE	O MEN IND	THE CONTROL	February wireless internet	for campaign faptop
TAFERDITURE			· ·	
Complete ONLY if	Candidate / Offi	ceholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			<b></b>	wines made

SCHEDULE F

			_
Advertising Exp Accounting/Ban	king Legal Services Solicitation/Fundre	ontract Labor Loan Repa	yment/Reimbursement tion Equipment & Related Expense
Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/R The Instruction Guide explains how	Contribution rict Candida lental Expense OTHER (er	ns/Donations Made By te/Officeholder/Political Committee hter a category not listed above)
PAGE#	2 FILER NAME	· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (TEC filers
chedule: 12/15	Report: 31/35 DAVIS, RON		12312005
Date	5 Payee name		12372003
03/04/2010	Sprint		
Amount (\$)	7 Payee address City; State; Zip Code		
\$71.97	P.O. Box 8077 London, KY 40747-8753		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) OTHER - Internet service	(b) Description (If travel outs	ide of Texas, complete Schedule T)
OF EXPENDITURE		March wireless internet	ior campaign laptop
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
04/07/2010	Sprint		
Amount (\$)	Payee address City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
\$71.97	P.O. Box 8077 London, KY 40747-8753		
211222	Category (See Categories listed at the top of this schedule)	Description (If travel outside	de of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	OTHER - Internet service	April wireless internet se	prvice for campaign laptop
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
06/07/2010	Sprint		
Amount (\$)	Payee address City; State; Zip Code		<del></del>
\$149.98	P.O. Box 8077 London, KY 40747-8753		
DURROCE	Category (See Categories listed at the top of this schedule)	Description (If travel outsid	e of Texas, complete Schodule T)

PURPOSE OF EXPENDITURE	OTHER - Internet Service			sinternet service campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	<u> </u>	Office sought:	Office held:
Date	Payno nome	——————————————————————————————————————		

City; State; Zip Code

Office sought:

Austin, TX 78701 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Salaries/Wages/Contract Labor Contract labor for political fund-raiser OF EXPENDITURE

Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH

Payee address

Stanley - Garrison & Associates

812 San Antonio Street, Ste G23

PURPOSE

01/19/2010

\$200.00

Amount (\$)

Electronic Filing Version 3.4.0

Office held:

(If travel outside of Texas, complete Schedule T)

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category out litted cham)

		The Instruction Guide explains h	ow to complete this form.	nter a category not listed above)
1 PAGE#	2 FILE	ER NAME		3 ACCOUNT # (TEC filers
Schedule: 13/15	Report: 32/35 DAY	VIS, RON		12312005
4 Date	5 Payee name			12012000
05/12/2010	Stanley - Garrison &	Associates		
6 Amount (\$)	7 Payee address	City; State; Zip Code		
\$1,000.00	812 San Antonio Str Austin, TX 78701	eet, Ste G23		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categori Salaries/Wages/Con	ies listed at the top of this schedule) htract Labor	(b) Description (If travel outsi Contract labor for politic	ide of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	er name	Office sought:	Office held:
Date	Payee name			
01/15/2010	Tejano Democrats			
Amount (\$)	Payee address	City; State; Zip Code	SALES OF BUSINESS OF THE SECOND STATE	
\$125.00	2244 Stoutwood Austin, TX 78745			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Description (If travel outside of Texas, complete So Polotical donation community aweamess		de of Texas, complete Schedule T)  nunity aweamess	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	r name	Office sought:	Office held:
Date	Payee name	<b>网络克拉科祖希腊伊克伯拉科</b>		
05/12/2010	Threadgill's World He	eadquarters Restaurant		
Amount (\$)	Payee address	City; State; Zip Code		
\$1,437.49	301 West Riverside D Austin, TX 78704	)r		
PURPOSE OF EXPENDITURE	Category (See Categories Solicitation/Fundraisin	s listed at the top of this schedule) ng Expense	Description (If travel outsid Charges for the facility ar fund-raiser	e of Texas, complete Schedule T)  and catered food for political
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Office sought:	Office held:
Date	Payee name			
04/26/2010	United States Post Of	ffice		
Amount (\$)	Payee address	City; State; Zip Code		
\$132.00	GMF Station Austin, TX 78710-976			
PURPOSE OF EXPENDITURE	Category (See Categories Office Overhead/Rent	s listed at the top of this schedule) all Expense	Description (If travel outside Stamps for campaign mai	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure	Candidate / Officeholder	name	Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services Food/Reverage Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Event Expense Fees	Printing Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead The INSTRUCTION GUIDE explains ho	strict Candid /Rental Expense OTHER (e	ions/Donations Made By late/Officeholder/Political Committee enter a category not listed above)
1 PAGE#	2 FILER NAME	w to complete this form.	3 ACCOUNT# (TEC filers)
Schedule: 14/15 4 Date	135514 5465		12312005
05/06/2010	5 Payee name University Democrats		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$100.00	Austin, TX 78712		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel out	tside of Texas, complete Schedule T)
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Political donation for co	ommunity outreach
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
02/04/2010	University of Texas Project 2010		
Amount (\$)	Payee address City; State; Zip Code		
\$100.00	1 University State A6300 Austin, TX 78712		
ni indoe	Category (See Categories listed at the top of this schedule)	Description (If travel outs	side of Texas, complete Schedule T)
PURPOSE OF	Contributions/Donations Made By	Political donation for ed	ducational opportunities
EXPENDITURE	Candidate/Officeholder/Political Committee		••
		<b>b</b>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	Candidate / Officeholder name Payee name	Office sought:	Office held:
direct expenditure to benefit C/OH		Office sought:	Office held:
direct expenditure to benefit C/OH Date	Payee name Villager Newspaper Payee address City; State; Zip Code	Office sought:	Office held:
direct expenditure to benefit C/OH  Date 01/05/2010	Payee name Villager Newspaper	Office sought:	Office held:
Date 01/05/2010 Amount (\$) \$1,000.00	Payee name Villager Newspaper Payee address City; State; Zip Code 1223 A Rosewood Ave. Austin, TX 78702  Category (See Categories listed at the top of this schedule)		
direct expenditure to benefit C/OH  Date 01/05/2010  Amount (\$)	Payee name Villager Newspaper Payee address City; State; Zip Code 1223 A Rosewood Ave. Austin, TX 78702		ide of Texas, complete Schedule T)
Date 01/05/2010 Amount (\$) \$1,000.00	Payee name Villager Newspaper Payee address City; State; Zip Code 1223 A Rosewood Ave. Austin, TX 78702  Category (See Categories listed at the top of this schedule)	Description (if travel outs	ide of Texas, complete Schedule T)
Date 01/05/2010 Amount (\$) \$1,000.00	Payee name Villager Newspaper Payee address City; State; Zip Code 1223 A Rosewood Ave. Austin, TX 78702  Category (See Categories listed at the top of this schedule)	Description (if travel outs	ide of Texas, complete Schedule T)
Date 01/05/2010 Amount (\$) \$1,000.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure	Payee name Villager Newspaper Payee address City; State; Zip Code 1223 A Rosewood Ave. Austin, TX 78702  Category (See Categories listed at the top of this schedule) Advertising Expense	Description (if travel outs Political advertisement	ide of Texas, complete Schedule T)
direct expenditure to benefit C/OH  Date 01/05/2010  Amount (\$) \$1,000.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH	Payee name Villager Newspaper Payee address City; State; Zip Code 1223 A Rosewood Ave. Austin, TX 78702  Category (See Categories listed at the top of this schedule) Advertising Expense  Candidate / Officeholder name	Description (if travel outs Political advertisement	ide of Texas, complete Schedule T)
Date 01/05/2010 Amount (\$) \$1,000.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date	Payee name Villager Newspaper Payee address City; State; Zip Code 1223 A Rosewood Ave. Austin, TX 78702  Category (See Categories listed at the top of this schedule) Advertising Expense  Candidate / Officeholder name	Description (if travel outs Political advertisement	ide of Texas, complete Schedule T)
Date Office only if direct expenditure to benefit C/OH  Date O1/05/2010  Amount (\$) \$1,000.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date O5/17/2010	Payee name Villager Newspaper  Payee address City; State; Zip Code 1223 A Rosewood Ave. Austin, TX 78702  Category (See Categories listed at the top of this schedule) Advertising Expense  Candidate / Officeholder name  Payee name Wilhite, Deone  Payee address City; State; Zip Code 7 Kern Ramble Austin, TX 78722	Description (if travel outs Political advertisement	ide of Texas, complete Schedule T)  in newspaper
direct expenditure to benefit C/OH  Date 01/05/2010  Amount (\$) \$1,000.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/17/2010  Amount (\$) \$125.00	Payee name Villager Newspaper  Payee address City; State; Zip Code 1223 A Rosewood Ave. Austin, TX 78702  Category (See Categories listed at the top of this schedule) Advertising Expense  Candidate / Officeholder name  Payee name Wilhite, Deone Payee address City; State; Zip Code 7 Kern Ramble Austin, TX 78722  Category (See Categories listed at the top of this schedule)	Description (if travel outs Political advertisement Office sought:	ide of Texas, complete Schedule T)  in newspaper  Office held:
Date 01/05/2010 Amount (\$) \$1,000.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/17/2010 Amount (\$) \$125.00  PURPOSE OF	Payee name Villager Newspaper  Payee address City; State; Zip Code 1223 A Rosewood Ave. Austin, TX 78702  Category (See Categories listed at the top of this schedule) Advertising Expense  Candidate / Officeholder name  Payee name Wilhite, Deone  Payee address City; State; Zip Code 7 Kern Ramble Austin, TX 78722	Description (if travel outs Political advertisement Office sought:	ide of Texas, complete Schedule T)  in newspaper  Office held:
Date 01/05/2010 Amount (\$) \$1,000.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/17/2010  Amount (\$) \$125.00	Payee name Villager Newspaper  Payee address City; State; Zip Code 1223 A Rosewood Ave. Austin, TX 78702  Category (See Categories listed at the top of this schedule) Advertising Expense  Candidate / Officeholder name  Payee name Wilhite, Deone Payee address City; State; Zip Code 7 Kern Ramble Austin, TX 78722  Category (See Categories listed at the top of this schedule)	Description (if travel outs Political advertisement Office sought:	ide of Texas, complete Schedule T) [] In newspaper  Office held:

SCHEDULE F

**EXPENDITURE CATEGORIES** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 PAGE# FILER NAME 2 3 ACCOUNT # (TEC filers) DAVIS, RON Schedule: 15/15 Report: 34/35 12312005 4 Date 5 Payee name Yahoo 05/10/2010 Amount (\$) Payee address City; State; Zip Code 701 First Avenue \$123.33 Sunnyvale, CA 94089 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OTHER - Web Page Web Hosting Fee and Private Domain Registration Campaign Website OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

## **CREDITS (optional)**

## SCHEDULE K

The Instructi	ON GUIDE explains how to complete this form.	1 PAGE # Schedule: 1/1	Report: 35/35
2 FILER NAME	DAVIS, RON	3 ACCOUNT # 12312005	(Ethics Commission filers)
4 Date	5 Payor name Sprint	····	8 Amount (\$)
01/05/2010	6 Payor address; City; State; Zip Code P.O. Box 8077 London, KY 40747-8753		\$50.00
	7 Reason for credit Rebate for campaign's laptop computer SWU598DORA	SIERRA 598 USB MODEM	·